

<i>SERFF Tracking Number:</i>	<i>AMLC-126742333</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Globe Life and Accident Insurance Company</i>	<i>State Tracking Number:</i>	<i>46338</i>
<i>Company Tracking Number:</i>	<i>GTLADR10</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Accidental Death Benefit Rider</i>		
<i>Project Name/Number:</i>	<i>Accidental Death Benefit Rider/GTLADR10</i>		

Filing at a Glance

Company: Globe Life and Accident Insurance Company

Product Name: Accidental Death Benefit Rider SERFF Tr Num: AMLC-126742333 State: Arkansas

TOI: L08 Life - Other SERFF Status: Closed-Approved- State Tr Num: 46338
Closed

Sub-TOI: L08.000 Life - Other Co Tr Num: GTLADR10 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Author: Mary Johnson Disposition Date: 08/03/2010

Date Submitted: 07/27/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Accidental Death Benefit Rider

Project Number: GTLADR10

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/03/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 08/03/2010

Created By: Mary Johnson

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Mary Johnson

Filing Description:

RE: Accidental Death Benefit Rider Form GTLADR10

Actuarial Memorandum

Readability Certification

Attached for your review and approval is a copy the above mentioned form GTLADR10, Accidental Death Benefit rider that is being submitted for general use with our Globe Group Whole Life Certificate(s) and Individual Whole Life policy(ies) portfolio.

SERFF Tracking Number: AMLC-126742333 State: Arkansas
Filing Company: Globe Life and Accident Insurance Company State Tracking Number: 46338
Company Tracking Number: GTLADR10
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Accidental Death Benefit Rider
Project Name/Number: Accidental Death Benefit Rider/GTLADR10

This rider does not contain any unusual or unorthodox provisions or wording. The readability certification form is enclosed.

I hereby certify that I have carefully reviewed this rider and to the best of my knowledge and ability find:

1. This rider conforms to all insurance statutes and department requirements of your jurisdiction.
2. This rider contains no provisions previously disapproved by your department.
3. The form has been filed in Nebraska, our state of domicile, and has been filed in all jurisdictions where the company operates.

Company and Contact

Filing Contact Information

Mary Johnson, Compliance Analyst mjohnson@torchmarkcorp.com
3700 S. Stonebridge Drive 214-544-5335 [Phone]
McKinney, TX 75070 972-569-3728 [FAX]

Filing Company Information

Globe Life and Accident Insurance Company CoCode: 91472 State of Domicile: Nebraska
204 North Robinson Avenue Group Code: 290 Company Type: Life and Health
Oklahoma City, OK 73102 Group Name: Liberty National State ID Number:
(405) 270-1400 ext. [Phone] FEIN Number: 63-0782739

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Globe Life and Accident Insurance Company	\$50.00	07/27/2010	38318897

SERFF Tracking Number:	AMLC-126742333	State:	Arkansas
Filing Company:	Globe Life and Accident Insurance Company	State Tracking Number:	46338
Company Tracking Number:	GTLADR10		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Accidental Death Benefit Rider		
Project Name/Number:	Accidental Death Benefit Rider/GTLADR10		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/03/2010	08/03/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Accidental Death Benefit Rider	Mary Johnson	07/28/2010	07/28/2010

<i>SERFF Tracking Number:</i>	<i>AMLC-126742333</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Globe Life and Accident Insurance Company</i>	<i>State Tracking Number:</i>	<i>46338</i>
<i>Company Tracking Number:</i>	<i>GTLADR10</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Accidental Death Benefit Rider</i>		
<i>Project Name/Number:</i>	<i>Accidental Death Benefit Rider/GTLADR10</i>		

Disposition

Disposition Date: 08/03/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	AMLC-126742333	State:	Arkansas
Filing Company:	Globe Life and Accident Insurance Company	State Tracking Number:	46338
Company Tracking Number:	GTLADR10		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Accidental Death Benefit Rider		
Project Name/Number:	Accidental Death Benefit Rider/GTLADR10		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form (<i>revised</i>)	Accidental Death Benefit Rider		Yes
Form	Accidental Death Benefit Rider	Replaced	Yes

SERFF Tracking Number: AMLC-126742333 State: Arkansas
 Filing Company: Globe Life and Accident Insurance Company State Tracking Number: 46338
 Company Tracking Number: GTLADR10
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Accidental Death Benefit Rider
 Project Name/Number: Accidental Death Benefit Rider/GTLADR10

Amendment Letter

Submitted Date: 07/28/2010

Comments:

The above document has been replace because of the signature page in the original submission.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
GTLADR10	Policy/Contr	Accidental act/Fraternal Death Certificate: Benefit Rider Amendment, Insert Page, Endorsemen t or Rider	Initial				58.000	GTLADR10.p df

SERFF Tracking Number:	AMLC-126742333	State:	Arkansas
Filing Company:	Globe Life and Accident Insurance Company	State Tracking Number:	46338
Company Tracking Number:	GTLADR10		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Accidental Death Benefit Rider		
Project Name/Number:	Accidental Death Benefit Rider/GTLADR10		

Form Schedule

Lead Form Number: GTLADR10

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	GTLADR10	Policy/Cont ract/Fraternal Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		58.000	GTLADR10.pdf

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY
GLOBE LIFE CENTER * OKLAHOMA CITY, OKLAHOMA 73184 * (405) 270-1400

ACCIDENTAL DEATH BENEFIT RIDER

Forming a part of any Policy or Certificate to which it is attached

Effective the date shown below (or the Date of Issue of the Policy or Certificate), We have issued this rider for Your policy or certificate. Please keep this agreement with Your policy or certificate number as shown.

INSURED: [John Doe]

ACCIDENTAL DEATH BENEFIT: [\$5,000]

POLICY OR CERTIFICATE NO: [00-1234567]

ANNUAL PREMIUM OF RIDER: [\$6.00]

DATE OF ISSUE: [06/25/10]

POLICY EXPIRES AT AGE: [100]

ACCIDENTAL DEATH BENEFIT: We agree to pay the Beneficiary the Accidental Death Benefit stated above if both:

1. This rider is in force,
2. We receive due proof of the Insured's Accidental Death at Our Administrative Offices in Oklahoma City, Oklahoma.

[Such payment is subject to the provisions of this rider. Accidental Death Benefits are in addition to other sums due under the policy or certificate. Benefits will decrease by 50% on the Policy or certificate Anniversary following the Insured's 70th birthday with no change in premium.]

DEFINITION OF ACCIDENTAL DEATH: Accidental Death means death:

1. As a direct result of bodily injury; and
2. Within 90 days of such injury; and
3. Which is not a result of the listed exclusions:
 - (a) Disease, sickness, bodily infirmity, or medical or surgical treatment of these;
 - (b) Suicide or intentionally self inflicted injury, or any attempt therat, while sane or insane (reference to Insane not applicable in Missouri;
 - (c) Being under the influence of any drug, narcotic, or controlled substance unless taken or used as Prescribed by a physician;
 - (d) Voluntary gas inhalation, or poison voluntarily taken, absorbed, inhaled or injected;
 - (e) Being under the influence of alcohol (having a blood alcohol of .08 percent weight by volume or higher;
 - (f) Participation in any contest of speed or endurance;
 - (g) Operating any motor vehicle for recreational purposes other than on paved roads or surfaces Constructed for public use (i.e. off road);
 - (h) Air travel except as a fare paying passenger on a regularly scheduled commercial flight;
 - (i) Taking part in a riot, insurrection, armed conflict, or terrorist act;
 - (j) Skydiving, scuba diving, hang gliding, or hot air ballooning;
 - (k) Committing or attempting to commit an assault, felony, or any other illegal act;
 - (l) Service in the military, naval or air services of any country (combat or training exercises);
 - (m) War, or act of war, whether declared or not; or
 - (n) Injury intentionally inflicted by another due to gang related activity unless you are an innocent Bystander no involved in any such activity.

AUTOPSY: We may ask for an autopsy unless prohibited by law. We will pay for the autopsy.

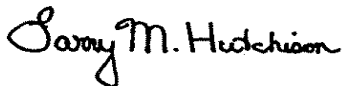
NONPARTICIPATING: This contract does not participate in Our surplus or earnings.

TERMINATION OF RIDER: This rider will end without notice when the first of these occurs:

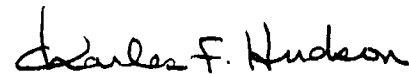
1. The attached policy or certificate is surrendered, or lapsed or expires.
2. You do not pay the premium for the attached policy or certificate or for this rider when due or within the grace period.
3. The attached policy or certificate expires at age shown above.
4. You convert the attached policy or certificate.
5. You ask Us in writing to cancel this rider and send the policy or certificate for endorsement. You must make the request within 31 days after a premium due date.

PAYMENT OF PREMIUMS: The Annual premium for this rider is shown either above or in the Policy or certificate Specifications. The consideration for this rider is the attached application, if any, and the first premium. The premiums for this rider do not increase any guaranteed values in the attached policy or certificate.

EFFECTIVE DATE: This rider is effective from the Date of Issue of the attached policy or certificate unless stated otherwise above.



Secretary



President

SERFF Tracking Number:	AMLC-126742333	State:	Arkansas
Filing Company:	Globe Life and Accident Insurance Company	State Tracking Number:	46338
Company Tracking Number:	GTLADR10		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Accidental Death Benefit Rider		
Project Name/Number:	Accidental Death Benefit Rider/GTLADR10		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item:	Flesch Certification	
Comments:		
Attachment:		
Readability Cert GTLADR10.pdf		

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

Oklahoma City, Oklahoma

READABILITY CERTIFICATION

We hereby certify we have carefully reviewed the form(s) listed below and to the best of our knowledge and ability determine the Flesch scale analysis readability test score to be as shown:

	FORM	SCORE
RIDER	GTLADR10	58.0

July 27, 2010

Date



Michael J. Gaisbauer, Vice President

<i>SERFF Tracking Number:</i>	<i>AMLC-126742333</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Globe Life and Accident Insurance Company</i>	<i>State Tracking Number:</i>	<i>46338</i>
<i>Company Tracking Number:</i>	<i>GTLADR10</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Accidental Death Benefit Rider</i>		
<i>Project Name/Number:</i>	<i>Accidental Death Benefit Rider/GTLADR10</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/27/2010	Form	Accidental Death Benefit Rider	07/28/2010	GTLADR10.pdf (Superceded)

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY
GLOBE LIFE CENTER * OKLAHOMA CITY, OKLAHOMA 73184 * (405) 270-1400

ACCIDENTAL DEATH BENEFIT RIDER

Forming a part of any Policy or Certificate to which it is attached

Effective the date shown below (or the Date of Issue of the Policy or Certificate), We have issued this rider for Your policy or certificate. Please keep this agreement with Your policy or certificate number as shown.

INSURED: [John Doe]

ACCIDENTAL DEATH BENEFIT: [\$5,000]

POLICY OR CERTIFICATE NO: [00-1234567]

ANNUAL PREMIUM OF RIDER: [\$6.00]

DATE OF ISSUE: [06/25/10]

POLICY EXPIRES AT AGE: [100]

ACCIDENTAL DEATH BENEFIT: We agree to pay the Beneficiary the Accidental Death Benefit stated above if both:

1. This rider is in force,
2. We receive due proof of the Insured's Accidental Death at Our Administrative Offices in Oklahoma City, Oklahoma.

[Such payment is subject to the provisions of this rider. Accidental Death Benefits are in addition to other sums due under the policy or certificate. Benefits will decrease by 50% on the Policy or certificate Anniversary following the Insured's 70th birthday with no change in premium.]

DEFINITION OF ACCIDENTAL DEATH: Accidental Death means death:

1. As a direct result of bodily injury; and
2. Within 90 days of such injury; and
3. Which is not a result of the listed exclusions:
 - (a) Disease, sickness, bodily infirmity, or medical or surgical treatment of these;
 - (b) Suicide or intentionally self inflicted injury, or any attempt therat, while sane or insane (reference to Insane not applicable in Missouri;
 - (c) Being under the influence of any drug, narcotic, or controlled substance unless taken or used as Prescribed by a physician;
 - (d) Voluntary gas inhalation, or poison voluntarily taken, absorbed, inhaled or injected;
 - (e) Being under the influence of alcohol (having a blood alcohol of .08 percent weight by volume or higher;
 - (f) Participation in any contest of speed or endurance;
 - (g) Operating any motor vehicle for recreational purposes other than on paved roads or surfaces Constructed for public use (i.e. off road);
 - (h) Air travel except as a fare paying passenger on a regularly scheduled commercial flight;
 - (i) Taking part in a riot, insurrection, armed conflict, or terrorist act;
 - (j) Skydiving, scuba diving, hang gliding, or hot air ballooning;
 - (k) Committing or attempting to commit an assault, felony, or any other illegal act;
 - (l) Service in the military, naval or air services of any country (combat or training exercises);
 - (m) War, or act of war, whether declared or not; or
 - (n) Injury intentionally inflicted by another due to gang related activity unless you are an innocent Bystander no involved in any such activity.

AUTOPSY: We may ask for an autopsy unless prohibited by law. We will pay for the autopsy.

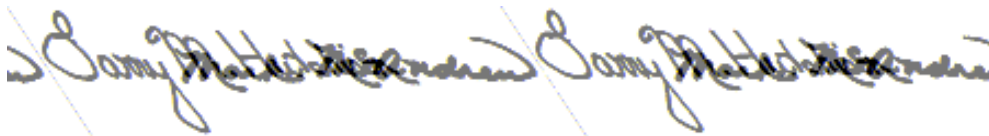
NONPARTICIPATING: This contract does not participate in Our surplus or earnings.

TERMINATION OF RIDER: This rider will end without notice when the first of these occurs:

1. The attached policy or certificate is surrendered, or lapsed or expires.
2. You do not pay the premium for the attached policy or certificate or for this rider when due or within the grace period.
3. The attached policy or certificate expires at age shown above.
4. You convert the attached policy or certificate.
5. You ask Us in writing to cancel this rider and send the policy or certificate for endorsement. You must make the request within 31 days after a premium due date.

PAYMENT OF PREMIUMS: The Annual premium for this rider is shown either above or in the Policy or certificate Specifications. The consideration for this rider is the attached application, if any, and the first premium. The premiums for this rider do not increase any guaranteed values in the attached policy or certificate.

EFFECTIVE DATE: This rider is effective from the Date of Issue of the attached policy or certificate unless stated otherwise above.



Secretary

President